

**TOWN OF BUCKFIELD  
RECREATION COMMITTEE  
COACHING APPLICATION**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

1) Which sport are you interested in coaching?

- T-Ball
- Baseball
- Softball
- Soccer
- Basketball

2) Have you ever coached this sport?

- No
- Yes     If Yes, at what level and for how long?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Do you have a preference as to what age group you would like to coach?

- No
- Yes     If Yes, what age group?

4) Why do you want to coach this sport?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Have you ever coached another sport?

- No
  - Yes     If Yes, please specify.
- |  | <u>Sport</u> | <u>Age Group</u> | <u>Year(s) Coached</u> |
|--|--------------|------------------|------------------------|
|--|--------------|------------------|------------------------|


6) Have you ever had training to coach a sport?

- No
- Yes     If Yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Have you ever had medical training?

No

Yes If Yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8) If you were selected to coach, who would your assistant(s) be?

Name

Mailing Address

Contact #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9) Do you have any medical condition(s) that may affect your ability to coach?

No

Yes If Yes, please specify.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10) I authorize the Town of Buckfield to conduct a criminal background check on me.

No

Yes

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Today's Date

**For Recreation Committee Use Only**

Application Approved

Yes

No

Sport

T-Ball

Baseball

Softball

Soccer

Basketball

Year/Season to Coach

Date Approved